

ARIZONA DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT DIVISION
P. O. BOX 36020· PHOENIX, AZ 85067-6020
PHONE: 602-771-8500

NOTIFICATION OF CHANGE OF OWNERSHIP OF AN IRRIGATION GRANDFATHERED RIGHT

INSTRUCTIONS AND REQUIRED ATTACHMENTS

- COMPLETE THIS FORM AND OBTAIN THE REQUIRED SIGNATURE. MAIL THE COMPLETED FORM OR HAND DELIVER IT TO ADWR AT 3550 NORTH CENTRAL AVENUE IN PHOENIX.
- ENCLOSE A RECORDED DEED THAT EVIDENCES THIS CONVEYANCE. DEEDS ARE AVAILABLE FROM THE COUNTY RECORDER. A PHOTOCOPY IS ACCEPTABLE.
- **THE FILING FEE FOR A NOTIFICATION OF CHANGE OF OWNERSHIP OF AN IRRIGATION GRANDFATHERED RIGHT IS \$ 500.00.** PAYMENT MAY BE MADE BY CASH, CHECK, OR CREDIT CARD (IF YOU WISH TO PAY BY CREDIT CARD, PLEASE CONTACT THE GROUNDWATER PERMITTING AND WELLS PROGRAM AT 602-771-8500). CHECKS SHOULD BE MADE PAYABLE TO THE ARIZONA DEPARTMENT OF WATER RESOURCES. **FAILURE TO ENCLOSE THE FILING FEE WILL CAUSE THE NOTIFICATION TO BE RETURNED. FEES FOR A NOTIFICATION OF CHANGE OF OWNERSHIP OF AN IRRIGATION GRANDFATHERED RIGHT ARE AUTHORIZED BY A.R.S. § 45-113 AND A.A.C. R12-15-104.**

In accordance with A.R.S. § 45-482(B), the undersigned party hereby notifies the Arizona Department of Water Resources of the conveyance of this Irrigation Grandfathered Right:

1. Certificate of Grandfathered Groundwater Right number: 58 - _____ . _____
2. Number of irrigation acres on certificate: _____
3. Number of irrigation acres to be conveyed: _____. If this number is 10 acres or less indicate whether the property will be part of a farming operation greater than 10 irrigation acres: Yes _____ No _____
4. Deed recording number: _____ Deed recording date: _____
5. Assessor's parcel number(s): _____
6. Please specify the effective date of this ownership change ____/____/____ and the quantity of water used between January 1 of that calendar year and the effective date: _____ acre-feet.
7. Wells serving this right (list by ADWR registration number, non-exempt production wells only):
Wells owned by or being conveyed to the buyer: 55 - _____ 55 - _____ 55 - _____
Non-owned, non-district wells: 55 - _____ 55 - _____ 55 - _____
8. Do you plan to retire or extinguish any portion of this right within the next 12 months? Retire _____ Extinguish _____

SELLER/GRANTOR
(Print or Type)

BUYER/GRANTEE
(Print or Type)

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

TELEPHONE (____) _____

TELEPHONE (____) _____

BUYER'S SIGNATURE

DATE